Equality Analysis

PURPOSE
Equality Analysis is a best practice method to demonstrate due regard to the general duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations between people from different groups.

The purpose of an Equality Analysis (EA) is to examine the extent to which existing or proposed services/policies/strategies may benefit different members of the community and, where appropriate, prompt the consideration of adjustments.

RESPONSIBILITY
Responsibility for compliance with the CCG’s public sector equality duty rests with the author’s lead Director. Specialist guidance and support is, however, available from the Head of Partnership & Engagement.

CONSULTATION & ENGAGEMENT
Please note that early engagement is recommended and in many cases is necessary to develop strategies or service changes. Please ask the Partnership & Engagement Team if you would like help with this.

INSTRUCTIONS

- Consult the Equality Analysis Demographic Information document on Sharepoint. Consider how your proposal would impact the different groups and what reasonable adjustments need to be made. Make recommendations to adjust or amend the proposal to address any positive or negative impacts. If no impact is predicted, simply state that.

- Include the Summary and the Equality Analysis in all Committee and Governing Body Papers where decisions regarding your proposal are recommended after removing this instruction page.
<table>
<thead>
<tr>
<th>EQUALITY GROUP</th>
<th>Negative Impact YES / NO</th>
<th>Positive Impact YES / NO</th>
<th>ADJUSTMENTS PROPOSED YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Disability</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Ethnicity / Race / Ethnic Group</td>
<td>YES</td>
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<td>YES</td>
</tr>
<tr>
<td>Gender</td>
<td>YES</td>
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</tr>
<tr>
<td>Gender Reassignment</td>
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<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Religion &amp; Beliefs</td>
<td>NO</td>
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<td>NO</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
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<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Carers</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Areas of Deprivation/Geographical Location</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
NAME OF THE SERVICE/STRATEGY / SERVICE CHANGE PROPOSAL / PLAN (‘ACTIVITY’)

REDUCING ROUTINE FOLLOW-UP APPOINTMENTS AND ENABLING PATIENTS TO INITIATE THEIR OWN APPOINTMENT WHEN REQUIRED

What are the main aims and objectives of the ‘activity’?

This project will target follow-up appointments at the CCG’s acute providers. Patients will not be offered routine follow-ups in identified specialities; instead they will be discharged with an option to access the service again in future if required (with the option for urgent access in the case of acute exacerbation). A range of published clinical studies have evaluated the impact of shifting to a patient initiated model of follow-up care, finding that the model results in: higher patient and clinician satisfaction, a reduced number of regular follow-up attendances and no negative outcome on psychological or health outcomes for patients.

Describe the current situation

Currently, routine follow-up appointments are offered at regular time intervals from the CCG’s acute providers. The proposal removes a proportion of follow-up appointments from a range of local acute providers, by targeting appropriate specialities and identifying patients who do not need to access routine follow-up appointments in the traditional way. The new process would involve patients initiating a follow-up appointment when it is needed.

What engagement, including with different equality groups, has taken place to inform this equality analysis?

Engagement with service users to be conducted following agreement of the specialties in scope.

For each of the Equality Groups detailed below, consider how your proposal will affect or address health needs relevant to that group. Refer to demographic information about people living in Guildford and Waverley CCG and consider who will be affected.

<table>
<thead>
<tr>
<th>AGE</th>
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<tbody>
<tr>
<td>As the service is predicted to reduce referrals for outpatient appointments, the service is likely to benefit elderly, working age and school aged individuals. This is because all age groups will have a reduced number of hospital appointments, thereby reducing time taken out of their lives to attend appointments and the associated costs for travel and/or car parking.</td>
</tr>
</tbody>
</table>

Conclusion & Recommendations
The proposed changes will have a positive impact on people from all age groups.

**DISABILITY (mental, physical, learning disability, dementia)**

- The service could have a negative impact on individuals with a learning disability or dementia, who may be less able to initiate a follow-up appointment. Around 3.2% of the Guildford and Waverley population have a learning disability and around 1.4% have dementia.
- The telephone service should be made accessible, for example through the ability to send and receive text to cater for deaf individuals.

**Conclusion & Recommendations**

The proposed changes may have a negative impact on people with learning disabilities and dementia. The service is likely to have a neutral impact on other disabilities.

The ability of an individual to initiate a follow-up appointment should be a clinical decision when moving patients to the new system. This should be made on a case by case basis. It is expected that a proportion of individuals with learning disabilities will be able to access the service, independently or with support from carer(s).

**ETHNICITY / RACE / ETHNIC GROUP**

- The proposed changes may have a negative impact on any individual who does not speak English proficiently. This is because individuals may not understand documentation explaining the purpose of the change and how to initiate a follow-up appointment, or may feel less confident initiating a follow-up appointment themselves.

**Conclusion & Recommendations**

The proposed changes may have a negative impact on those who do not speak English proficiently. It is recommended that leaflets explaining the service and how to initiate a follow-up appointment are available in the most common languages spoken in this area, and offered in other languages and accessible formats.

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1. Projecting Older People Population Information (POPI), Projecting Adult Needs and Service Information (PANSI) and Office of National Statistics (ONS) Mid 2010 Population Estimates

Equality Analysis/Patient Initiated Follow-up/23rd February 2017
It would be beneficial to have an online appointment booking service to enable patients who do not speak English proficiently to book into an appointment online.

**GENDER**

- The proposed changes could have a negative impact on men, as they have been reported as less likely to visit their GP, and have fewer outpatient appointments than women\(^4\). It is therefore possible that men will be less likely to initiate a follow-up appointment.

**Conclusion & Recommendations**

The proposed changes may have a negative impact on men, as they may be less likely to initiate a follow-up appointment. Evidence suggests that flexible opening hours, in this instance for the patient helpline, and improved information available online could be levers that could make use of the service accessible\(^5\). Demographics should be measured to ensure that similar proportions of men and women are accessing follow-ups. Leaflets would also benefit from including images of men and the leaflet should be written in a gender neutral format.

**GENDER REASSIGNMENT**

The proposed changes are unlikely to impact any patient based on them undergoing or having undergone gender reassignment.

**Conclusion & Recommendations**

The proposed changes will have a neutral impact on people who are undergoing or have undergone gender reassignment.

**RELIGION & BELIEFS**


Equality Analysis/Patient Initiated Follow-up/23rd February 2017
The proposed changes are unlikely to impact any patient based on their religious beliefs.

**Conclusion & Recommendations**

The proposed changes will have a neutral impact on people with different religions and beliefs.

**MARRIAGE & CIVIL PARTNERSHIP**

The proposed changes are unlikely to impact any patient based on their marriage or civil partnership status.

**Conclusion & Recommendations**

The proposed changes will have a neutral impact on people based on their marriage or civil partnership status.

**PREGNANCY & MATERNITY**

- The service is predicted to have a positive impact on parents with young children, due to a reduced requirement for parents to arrange childcare around hospital appointments
- This is also predicted to have a positive impact for pregnant women who may find it harder to travel into hospital for their appointment

**Conclusion & Recommendations**

The proposed changes will have a positive impact on people who are pregnant or have young children.

**SEXUAL ORIENTATION**
• The proposed changes may have a negative impact on individuals who are concerned about experiencing stigma based on their sexual orientation. This has been reported as a potential barrier to individuals accessing healthcare, or revealing information that may benefit their care.

Conclusion & Recommendations

The proposed changes will have a negative impact on people who are concerned about stigma associated with their sexual orientation. These individuals may be less likely to initiate a follow-up appointment when it is required, leading to delays in clinical advice or treatment. Some actions taken to reduce this impact could be to indicate a non-discrimination policy on the information leaflet provided to patients, and to use images that include LGBT people.

Other categories relevant to CCG’s statutory duty to reduce health inequalities:

CARERS

• The service is predicted to reduce first outpatient attendances, which will mean patients do not have to travel into hospital for their appointment. This is likely to have a positive impact on carers, whether the carer looks after the patient or is the patient themselves. This is because they will not have to take time out of their lives to attend a hospital appointment.

Conclusion & Recommendations

The proposed changes will have a positive impact on people who are caring for others or on the patient’s carer(s).

AREAS OF DEPRIVATION and GEOGRAPHICAL LOCATION (urban, rural, isolated)

• This is likely to be of benefit to those in geographically isolated locations, as they will have fewer attendances to hospital

• This is likely to be of benefit to those in areas of deprivation as they will not have to pay for travel and/or parking to attend their hospital appointments

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Equality Analysis/Patient Initiated Follow-up/23rd February 2017
Conclusion & Recommendations

The service provision will have a positive impact on people who are geographically isolated or in areas of deprivation.

VULNERABLE GROUPS e.g. ex-military, homeless, looked-after children, those seeking asylum

- This is likely to have a positive benefit for homeless individuals, and other vulnerable groups that have little access to transportation. Because the service is predicted to reduce outpatient attendances, the patient will not have to make travel arrangements for their hospital appointment.
- The proposed changes may have a negative impact on homeless individuals and those seeking asylum that may not have easy access to initiate their appointment.

Conclusion & Recommendations

The proposed changes will have a positive impact on people who are from vulnerable groups that may have reduced access to transportation. However, there may be a negative impact on those who do not have easy access to initiate appointments. In order to mitigate this, helplines should be provided free of charge for patients to call.

OVERALL CONCLUSIONS & RECOMMENDATIONS: Summarise your findings for all equality groups

Overall the service is likely to have neutral or positive impacts on the majority of equality groups. Where negative impact could be felt, amendments and reasonable adjustments have been suggested. Further work is needed with different equality groups to inform the operational delivery of the proposed changes should they be approved.

The main recommendations from the equality analysis are as follows:

- A patient engagement session should be run following the clinical specialties being agreed.
- Patients with learning disabilities or dementia who may have reduced ability to initiate a follow-up should only be transferred if the clinical team feels that they are able to initiate an appointment, either independently or with support from their carer(s).
- The helpline should have the ability to receive and send text in order to cater for deaf individuals ringing the helpline, this should also be explained in the leaflet.
- Leaflets should be provided in the main languages spoken in the Guildford and Waverley area, and offered in other languages and...
accessible formats
- An online appointment booking feature would make it easier for patients who do not speak English proficiently to schedule an appointment
- The phone line should be made accessible for increased hours and detailed information should be made available on the internet about the service and when to initiate a follow-up appointment
- The leaflet should contain images of men and should be written in a gender neutral format
- Leaflets should have a non-discrimination policy indicated for LGBT individuals, and include LGBT individuals in the images
- The phone line should be made free of charge for patients to call in order to not penalise individuals who may have less access to phone services
- Demographic information about patients initiating follow-ups should be monitored to ensure that representative proportions of patients from equality groups are initiating follow-up appointments

<table>
<thead>
<tr>
<th>Name of person completing EA</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genevieve Ryan</td>
<td>Planned Care Commissioning Manager</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of lead Manager / Director</th>
<th>Signature</th>
<th>Date completed</th>
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